

Parent Information for Reevaluation

Student's Name _____ School _____ Date ____/____/____

Parent/Guardian Name _____ Form Completed by _____

1. ☐ Yes ☐ No Does your child have serious medical or psychological problems that occurred in the last three years? If yes, please explain. _____

2. ☐ Yes ☐ No Is your child currently taking prescribed medication? If yes, please describe the medication and the condition for which it is prescribed. _____

3. ☐ Yes ☐ No Are there significant changes in your child's home or family relationships in the last three years? If yes, please describe. _____

4. ☐ Yes ☐ No Are there recent changes in your child's behavior or school performance? If yes, please describe. _____

5. Describe current concerns that you have about your child and his/her educational program. _____

6. Is there additional information about your child that you think the professional staff involved in the three-year reevaluation needs to know? If so, please describe. _____

7. ☐ Yes ☐ No Is there evidence of improvement in your child's academic performance over the past three years? Please describe. _____

8. ☐ Yes ☐ No Is there evidence of improvement in your child's speech and language during the past three years? Please describe. _____

9. ☐ Yes ☐ No Are there suggestions for improving the special education services being provided to your child? If so, please describe. _____

10. What goals do you have for your child? _____

Parent's Signature _____ Date ____/____/____

Attach any additional informational you feel could be helpful in meeting this student's educational needs.